

**UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)**

**Charitta Burt, Paralegal**

U. S. Application No. 10/300481  
Publication Date 7.10.03  
Publication No. WO 03/055769 PCT/RO/101 \_\_\_\_\_  
International Application No. PCT CA02/02 Language ENG  
Priority Info: Country CA No. 2,366,887 date 03/04 **MORE turn over**  
Abstract: ☒, Correspondence checked: \_\_\_\_\_; Inventor Name checked: F PERKINSON  
Copy in International Application: yes ☒ no \_\_\_\_\_; Translation: yes \_\_\_\_\_ no L Michael  
Inventor Residence: city Ontario st/country CA/CA  
Copy of ISR IP, Copy of IPER \_\_\_\_\_  
Total Claims: 19 Chargeable 19 Independent 5 multiple 14  
371 Filing Fees: 460; meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_  
Number of drawing Sheets: 5 Foreign language: yes \_\_\_\_\_  
Oath/Declaration: yes ☒ no \_\_\_\_\_; signed ☒ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed 06.30.04  
Small entity fee: ☒; SME papers: yes ☒ no ☒  
Biochemical Seq. Diskette: yes \_\_\_\_\_ no ☒ entered \_\_\_\_\_ Biochemical Seq. Listing: yes \_\_\_\_\_ no \_\_\_\_\_  
statement \_\_\_\_\_ yes \_\_\_\_\_ no Error report mailed \_\_\_\_\_  
Copy of ISR: with References \_\_\_\_\_, without References ☒  
Copy of IPER: yes \_\_\_\_\_ no ☒; Annexes yes \_\_\_\_\_ no \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_  
Preliminary Amendment(s): yes ☒ no \_\_\_\_\_; 2<sup>nd</sup> amendment date \_\_\_\_\_  
IDS: yes ☒ no \_\_\_\_\_ DATE: 06.30.04 2<sup>nd</sup> yes \_\_\_\_\_ no \_\_\_\_\_ DATE \_\_\_\_\_  
Request for Immediate Examination: yes ☒ no \_\_\_\_\_  
Substitute Specification: yes \_\_\_\_\_ no ☒  
Assignment: yes ☒ no \_\_\_\_\_ forwarded to Assignment ☒  
Priority Document(s): yes ☒ no \_\_\_\_\_; Number of copies included 1  
Power of Attorney: yes \_\_\_\_\_ no ☒  
Date of 35 VSC Receipt of Request: 06.30.04 Notes: \_\_\_\_\_  
Date Completion VSC 371 Requirements: 06.30.04  
Notice of Missing Requirements: \_\_\_\_\_  
Notice of Defective Response: \_\_\_\_\_  
Notice of Acceptance: 2.8.05  
Notice of Abandonment: \_\_\_\_\_  
Other forms: \_\_\_\_\_  
Article 19 Amendment: yes \_\_\_\_\_ no \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_  
Extension of time: Number of months \_\_\_\_\_  
Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_  
Data Sheet: yes \_\_\_\_\_ no \_\_\_\_\_